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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/910,445	07/20/2001	Charles Evert Prael	214.1001.01

22883
SWERNOFSKY LAW GROUP
P O BOX 390013
MOUNTAIN VIEW, CA 94039-0013

CONFIRMATION NO. 2751

FORMALITIES LETTER



OC00000006510436

Date Mailed: 09/04/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 355 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$152.
 - \$72 for 8 total claims over 20.
 - \$80 for 2 independent claims over 3.
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 572.

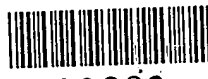
A copy of this notice MUST be returned with the reply.

Charity Young
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

09/20/2001 BKGVEN1 00000107 09910445
01 FC:201
02 FC:203
03 FC:202
04 FC:205
355.00 00
72.00 00
80.00 00
65.00 00



PTO/SB/21 (08-00)

Section 18

22886 Approved for use through 10/31/2002. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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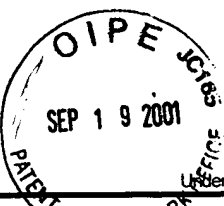
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/910,445	
	Filing Date	Jul 20, 2001	
	First Named Inventor	Prael	
	Group Art Unit	NYA	
	Examiner Name	NYA	
Total Number of Pages in This Submission	8	Attorney Docket Number	214.1001.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration by Inventors Statement Under 37 CFR 3.73(b) Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steven A. Swernofsky Reg. no. 33,040
Signature	<i>SA Swernofsky</i>
Date	9/13/2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 9-13-01			
Type or printed name	Arlette Malhas, Paralegal		
Signature	<i>Arlette Malhas</i>	Date	9-13-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



22883

PATENT TRADEMARK OFFICE

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/910,445	
		Filing Date	7/20/2001	
		First Named Inventor	Prael, et al.	
		Examiner Name	NYA	
TOTAL AMOUNT OF PAYMENT		(\$) 572.00	Attorney Docket No.	214.1001.01

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-0365 Deposit Account Name: Swernofsky Law Group <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES					
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee	355.00		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)					(\$)355.00		
2. EXTRA CLAIM FEES							
Total Claims	28	-20**=	8	X	9	=	72.00
Independent Claims	5	-3**=	2	X	40	=	80.00
Multiple Dependent							
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	**Reissue independent claims over original patent			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$)152.00		
**or number previously paid, if greater; For Reissues, see below							
		*Reduced by Basic Filing Fee Paid					
		SUBTOTAL (3)					
		(\$)65.00					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Steven A. Swernofsky	Registration No. (Attorney/Agent)	33,040
Signature	<i>Steven A. Swernofsky</i>	Telephone	650-947-0700
		Date	9/13/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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